

# PROFESSIONAL MEMBERSHIPS GROUP OF

## Please mark the PMG you wish to join.

- SC Chapter of American Society of Healthcare Risk Management (SCASHRM+AHQ) \$80
- SC Healthcare Human Resources Association (SCHHRA) \$80
- SC Organization of Nurse Leaders (SCONL) \$85
- SC Society for Healthcare Emergency Management (SCSHEM) \$80
- SC Society for Hospital Fund Development (SCSHFD) \$80
- SC Society of Chaplains (SCSC) \$80
- SC Society of Hospital Engineers (SCSHE) \$80
- SC Society of Healthcare Supply Chain (SCSHSC) \$80

- Student Membership\* \$40.00 per student, per PMG

\* Must be full time student at an academic institution, enrolled full-time, must submit copy of transcript to Kim Wooten, must pay upfront and is subject to approval by PMG Board. Student membership can be revoked at anytime. Note: Employees working full-time & attending school part-time are not eligible for student membership, but are eligible for regular membership.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Options

### Please check one form of payment.

#### CREDIT CARD

Please charge my:  Visa  MasterCard  American Express  
Card no. \_\_\_\_\_  
Security code \_\_\_\_\_ Expiration date \_\_\_\_\_  
Signature \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_  
Billing address and zip code of card \_\_\_\_\_  
\_\_\_\_\_

#### CHECK

Enclosed is a check in the amount of \$\_\_\_\_\_. All checks should be made payable to SCHA, and returned with this form to:

South Carolina Hospital Association  
Attn: Accounts Payable  
2000 Center Point Road, Suite 2375  
Columbia, SC 29210